

09/701,453

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<u>FEES DETERMINATION</u>			
<u>O.I.P.E. CLASSIFIER</u>			
<u>FORMALITY REVIEW</u>			
<u>RESPONSE FORMALITY REVIEW</u>	SA	68466 5/1-4-0	

INDEX OF CLAIMS

<input checked="" type="checkbox"/>	Rejected	H	Non-elected
<input type="checkbox"/>	Allowed	I	Indifference
<input type="checkbox"/>	(Through quorum)	C	Appeal
<input type="checkbox"/>	Cancelled	A	Accepted
<input type="checkbox"/>	Restricted	O	Objected

Code	Date
First	Second
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
please attach additional sheet here

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